



STATE OF WASHINGTON
**APPLICATION FOR CHANGE/TRANSFER
DROUGHT PERMIT**



For filing with the Department of Ecology or with County Conservancy Boards

(Check all that apply.)

- ☐ Change purpose(s) of use
- ☐ Add purpose(s) of use
- ☒ Change point(s) of diversion/withdrawal
- ☐ Add point(s) of diversion/withdrawal
- ☐ Change/transfer place of use
- ☐ Other (i.e. consolidation, intertie, trust water)

Explain: _____

OKANOGAN	
FOR OFFICE USE ONLY	
CHANGE No. <u>C646WC3838A@1</u>	WRIA <u>49</u>
DATE ACCEPTED <u>11 / 01 / 05</u> BY <u>[Signature]</u>	
SEPA: <input type="checkbox"/> Exempt <input type="checkbox"/> Not exempt	

****IF MORE SPACE IS NEEDED, ATTACH ADDITIONAL SHEETS (PLEASE PRINT OR TYPE CLEARLY)****

1. Applicant Information:

APPLICANT/BUSINESS NAME Progressive Flats Water Association	PHONE NO. (509)	FAX NO. (50) 422-0747
ADDRESS PO Box 581		
CITY Okanogan	STATE WA	ZIP CODE 98840-0581

CONTACT NAME (IF DIFFERENT FROM ABOVE) Wayne Dezelle	PHONE NO. (509)422-1968	FAX NO. ()
ADDRESS 7 Cherry Lane		
CITY Okanogan	STATE WA	ZIP CODE 98840 -8224

2. Water Right Information:

WATER RIGHT OR CLAIM NUMBER Permit # 5371	RECORDED NAME(S) Progressive Flats Water Assn.
DO YOU OWN THE RIGHT TO BE CHANGED? X YES <input type="checkbox"/> NO	
IF NO, PROVIDE OWNER(S) NAME and ADDRESS:	
HAS THE WATER BEEN PUT TO BENEFICIAL USE IN THE LAST FIVE (5) YEARS? X YES <input type="checkbox"/> NO	

Please attach copies of any documentation that demonstrates consistent, historical use of water since the right was established. Also, if you have a water system plan or conservation plan, please include a copy with your application.

FOR OFFICE USE ONLY

C64-6WC 3838-A@1



Do as
DROUGHT

Progressive right to
City of Anak to serve
Water from good well?
Need fees

10A-8E8E 2WD-H3D

3. Point(s) of Diversion/Withdrawal:

A. Existing

SOURCE	NO.	¼	¼	SEC.	TWP.	RGE.	PARCEL #	WELL TAG #
Progressive well	1	nw	nw	4	33	26	Govt lot 2	ABR207

B. Proposed

SOURCE	NO.	¼	¼	SEC.	TWP.	RGE.	PARCEL #	WELL TAG #
Okanogan well	3			9	33	26		AGJ158

DO YOU OWN THE EXISTING AND PROPOSED POINT(S) OF DIVERSION/WITHDRAWAL?

EXISTING: ☒ YES ☐ NO

PROPOSED: ☐ YES ☒ NO - IF NO, PROVIDE OWNER(S) NAME:

City of Okanogan

Please include copies of all water well reports involved with this proposal. Also, if you know the distances from the nearest section corner to the above point(s) of diversion/withdrawal, please include that information in Item No. 6 (remarks) or as an attachment.

4. Purpose of Use:

A. Existing

PURPOSE OF USE	GPM or CFS	ACRE-FT/YR	PERIOD OF USE
Public Domestic water	50	39	annual

B. Proposed

PURPOSE OF USE	GPM or CFS	ACRE-FT/YR	PERIOD OF USE
Public Water supply	650		annual

5. Place of Use:

A. Existing

LEGAL DESCRIPTION OF LANDS WHERE WATER IS PRESENTLY USED:							
Area served by Progressive Flats Water Assn.							
¼	¼	SEC.	TWP.	RGE.	COUNTY	PARCEL #	# OF ACRES
					Okanogan		
DO YOU OWN ALL THE LANDS IN THE EXISTING PLACE OF USE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO - IF NO, PROVIDE OWNER(S) NAME:							

B. Proposed

LEGAL DESCRIPTION OF LANDS WHERE NEW USE IS PROPOSED:							
Area served by Progressive Flats Water Assn. and City of Okanogan							

**ATTACHMENT FOR
APPLICATION FOR CHANGE**

Point(s) of Diversion/Withdrawal - ☐ Existing ☐ Proposed:

[illegible]

DO YOU OWN THE ABOVE POINT(S) OF DIVERSION/WITHDRAWAL? ☐ YES ☐ NO – IF NO, PROVIDE OWNER(S) NAME:

Purpose(s) of Use - ☐ Existing ☐ Proposed:[illegible]**Place of Use - ☐ Existing ☐ Proposed:**[illegible]

¼	¼	SEC.	TWP.	RGE.	COUNTY	PARCEL #	# OF ACRES

DO YOU OWN ALL THE LANDS IN ABOVE PLACE OF USE? ☐ YES ☐ NO – IF NO, PROVIDE OWNER(S) NAME:

Attach a detailed map of your proposed change/transfer. The map should show existing and proposed point(s) of diversion/withdrawal, place of use and any other features involved with this application. If platted property, please include a certified copy of the plat map.

Are there any ADDITIONAL WATER rights OR CLAIMS RELATED to the same property as the ONE PROPOSED FOR CHANGE/TRANSFER?
☐ YES ☐ NO - IF YES, PROVIDE THE WATER RIGHT/CLAIM NUMBER(S):

6. Remarks and Other Relevant Information:

This transfer is necessary in order to provide water to the district. The existing well has suffered a severe decline in production and has high Uranium content. The water supplied via the City will resolve these issues.


IF FOR SEASONAL OR TEMPORARY, START DATE ____/____/____ END DATE ____/____/____

Certain applications may incur a Real Estate Excise Tax liability for the seller of the water rights. The Department of Revenue has requested notification of potential taxable water right related actions and therefore may be provided with a copy of this request.

Please contact the State Department of Revenue for further information. The phone number is (360) 570-3265. The address is: Department of Revenue, Real Estate Excise Tax, PO Box 47477, Olympia, WA 98504-7477.

7. Signatures:

I certify that the information above is true and accurate to the best of my knowledge. I understand that in order to process my application, I am hereby granting staff from the Department of Ecology or the County Conservancy Board access to the above site(s) for inspection and monitoring purposes. If assisted in the preparation of the above application, I understand that all responsibility for the accuracy of the information rests with me.



(Applicant) PROGRESSIVE FLAT WATER ASSOC (Date) 10/28/05
BOARD CHAIRMAN

PROGRESSIVE FLAT WATER ASSOC 10/28/05

(Water Right Holder) (Date)

PROGRESSIVE FLAT WATER ASSOC 10/28/05

(Land Owner(s) of Existing Place of Use) (Date)
Sec. R. O. Blunk

IMPORTANT! APPLICATION FILING INFORMATION IS PROVIDED ON THE NEXT PAGE.